

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-14-2011

Address: DIVISION @VINCENNES

Case #: 45F53131

NEW ALBANY, IN

County: FLOYD

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: VEH
☒ Water Reactive Metal (Lithium): VEH
☒ Hydrochloric Acid Gas Generator(s): VEH
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: VEH
☒ Corrosive Base: VEH
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often
Living conditions of home: ☐ clean ☐ disarray ☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: NAFD
Health Department: FLOYD CO
Department of Child Services: N/A

Fax: ON SCENE
Fax: EMAILED
Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: K SMITH Phone 812-246-5424

* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.